



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2819

SERIAL NUMBER 10/586,209	FILING OR 371(c) DATE 11/08/2007 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO.						
APPLICANTS Jeffrey L. Southard, Lenexa, KS; George L. Southard, Sanibel, FL;										
** CONTINUING DATA ***** This application is a 371 of PCT/US05/01225 01/13/2005 which claims benefit of 60/560,745 01/13/2004										
** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/07/2007										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials	STATE OR COUNTRY KS	SHEETS DRAWING 0	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 6						
ADDRESS VASOGENIX PHARMACEUTICALS, INC. 8527 BLUEJACKET STREET LENEXA, KS66214										
TITLE CONTROLLED RELEASE CGRP DELIVERY COMPOSITION FOR CARDIOVASCULAR AND RENAL INDICATIONS										
FILING FEE RECEIVED 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										